



Water Resources Program
Request for Determination of Water Budget Neutrality

☐ SURFACE WATER ☒ GROUND WATER

Please ensure that the form is completely filled out.
Incomplete forms will lead to longer processing times, and may be rejected.

Section 1. APPLICANT

Applicant/Business Name: Ann Redmond	Phone No: 425.445.2727	Other No: 425.505.3890
Address: 10128 SE 16 th Place		
City: Bellevue	State: WA	Zip: 98004
Email Address (optional): ann_redmond1@hotmail.com		

Contact Name (if different from above): Jason McCormick Project Manager, Washington Water Trust	Phone No: 509.607.3513	Other No: 509.925.5601
Relationship to Applicant: Consultant to the Masterson Ranch		
Address: 103 East 4 th Avenue, Ste 203		
City: Ellensburg	State: WA	Zip: 98926
Email Address (optional): jason@washingtonwatertrust.org		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Domestic use for one residence

Anticipated length of time to complete your project: 9 mos.
Is this for an existing use, established prior to July 16, 2009? ___ Yes X No
If yes, when was the water first regularly and beneficially used? _____

For Ecology Use	APPLICATION NO: <u>64-35631</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>\$</u> Check No: <u>0</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>06-20-2013</u> By <u>[Signature]</u> WRIA: <u>39 Kett</u>

Water Use: List all proposed uses and the quantity required for each. (For example: domestic, group domestic, lawn or commercial garden, municipal water supply, stock watering or industrial.)

Domestic

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Total Water Use* in Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic	15	0.392	Continuously
TOTAL:	15	0.392	

*Total water use is the total quantity of water required for each use. (1 acre-foot = 325,851 gallons). For example calculations, located at:

<http://www.ecy.wa.gov/programs/wr/cro/wtrxchg.html>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	B.) If Ground Water Source Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Existing well diameter & depth: _____ If available, attach Water Well Report and pump test. Well Tag ID No. _____ Number of proposed points of withdrawal: <u>1</u>
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C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
940436			24	20N	16E	Kittitas
Lot(s)	Block(s)		Subdivision			

If available, GPS (Global Positioning System) device location:

Latitude: _____ N Longitude: _____ W

Datum and units (for example NAD83 and decimal degrees, etc): _____ (required for all GPS locations)

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (☐ North/☐ South) and _____ feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐ _____) corner of Section _____.

NOTE: If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper. A map identifying the well location within the parcel is required for all existing wells proposed for use under this request (see below).

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. Please ensure that the well location and parcel number listed in Section 3 matches the well location on the site map and on the well log. If there are any differences please provide an explanation on a separate sheet of paper. Unclear well locations may cause delays in processing the request.

Section 4. WATER SYSTEM INFORMATION

Complete A or B, C, D, E and F below

A.) Domestic Water Systems only

Projected number of connections to be served:
1 _____

Type of connections: home
(e.g., home, recreational cabin)

B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:
_____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: _____

D.) On-Site Septic

Will there be an on-site septic system? ☒ YES ☐ NO

If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic

drain field.
E.) Sanitary Sewer System
Will domestic wastewater be discharged to a sanitary sewer system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please provide a copy of the sewer utility agreement that serves the proposed project.
F.) Irrigation
Total number of acres requested to be irrigated under this application = <u>0</u> Acres or <u>0</u> square feet NOTE: Outline the area to be irrigated on your attached map. (1 acre = 43,560 square feet)

Section 5. MITIGATION			
To request a determination of Water Budget Neutrality under Chapter 173-539A WAC, the applicant must identify an existing trust water right or pending application to place a water right in trust. The trust water right(s) must: <ul style="list-style-type: none"> Contribute an equal or greater amount to Yakima River flow during the irrigation season, as measured at Parker. Have a priority date earlier than May 10, 1905. Be eligible to be used for instream flow protection and mitigation of out-of-priority uses. 			
A) Existing Trust Water Right			
Please identify existing trust water right(s) for use as mitigation.			
Water Right No.	Rate (check one box only) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
CS4-01467@11sb3a	0.335 cfs – 05/01-09/15 0.045 cfs – 09/16-04/30	49.035 af/yr - 05/01-09/15 0.075 af/yr – 09/16-04/30	June 30, 1883
TBA – Instream Flow via OPL and ATWRA – Document No. 22,650	0.041 cfs	10.169 af/yr	June 30, 1889
TOTAL:		59.279	

B) Proposed Trust Water Right Application			
Please identify the pending application(s) to place a water right(s) into trust for use as mitigation.			
Water Right No.	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Priority Date
TOTAL:			

C) Quantity of Trust Water Right(s) listed in Section 5 (A) and (B) Acquired for Mitigation

Please list the specific quantity in AFY of Trust Water Right(s) listed in Sections 5(A & B) that have been acquired to offset consumptive use associated with this proposed new use of groundwater: 0.118 AFY
Note: You may wish to refer to the online water use calculator for example consumptive use calculations:
<http://www.ecy.wa.gov/programs/wr/cro/wtrxchng.html>
Additional information regarding consumptive use can be found in Chapter 173-539(A)-050(3) WAC.

Section 6. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

See Exhibit B

1/4	1/4	Section	Twp.	Range	County	Parcel No.
		24	20N	16E	Kittitas	940436

Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

ANN REDMOND
Print Name
(Applicant or authorized representative)

[Signature]
Signature

6/17/13
Date

Print Name
(Land Owner, if seeking to use the ground water exemption)

Signature

Date

Submit this form to:

DEPARTMENT OF ECOLOGY
WATER RESOURCES PROGRAM
CENTRAL REGIONAL OFFICE
15 W. YAKIMA AVE, SUITE 200
YAKIMA, WA 98902-3452